837 Professional – a.k.a. HCFA 1500 claim form

This document is a field –by –field instructional help sheet. The fields are listed in a left to right format as they appear in the Provider Electronic Solution Software. Examples of the values needed in order to process the claim are given. Those fields with " Not Required" listed as a value, are present on the claim per HIPAA regulations and are not needed in order to process the claim. This software will **not** allow you to save a claim with a required field missing, however this does **not** guarantee that your claim will pay, just that the basic information is present. Auto populated fields have the valid value already present and do not need to be entered. ** Represents a list that must be created in order to process the claim. Please see attachment for directions on how to create the lists.

Header 1

FIELD	VALUE
Claim Frequency	Is defaulted to 1 = new claim
Provider ID **	Your 7 digit billing provider number (Hint: this is the # on the top left corner of your Remittance Advice
Taxonomy Code	Not Required
Last/Org Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
Client ID **	This is the MID (commonly the Social Security number) of the client you are billing services for. Choose from the client list
Account Number	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
Last Name	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
MI	Not Required
Medical Record #	Not Required
Signature on File	Auto – Populated to Y = Yes
Release of Medical Data	Auto – Populated to Y = Yes
Patient Signature	Must be appropriate to case ; commonly B = signature is on file
Benefits Assignment	Auto – Populated to Y = Yes
Report Type Code	Not Required
Report Transmission Code	Not Required

HEADER 2

FIELDS	VALUE
Diagnosis Code	Are the conditions for which you are treating the client i.e. 642 = Hypertension. These can be acquired from the clients Primary Care Physician or your medical records.
Referring Provider SSN/Tax Id	Not Required unless treatment is a result of a referral. If that is the case the information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
Provider Id	Not Required unless treatment is a result of a referral. If that is the case the information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
Last/Org Name	Not Required unless treatment is a result of a referral. If that is the case the information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
First Name	Not Required unless treatment is a result of a referral. If that is the case the information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
MI	Not Required
Similar Illness Date	Not Required
Onset of Current Illness Date	Not Required
Place of Service	Not Required on Header 2
Admission Date	Not Required
Special Program Code	Not Required
EPSDT Referral	Not Required fields

Header 3

FIELDS	VALUE
Accident Related Causes	Not Required unless treatment is a result of an accident. If that is the case choose the most appropriate value from the drop down lists
Ambulance Transport Code	Not Required
Transport Reason Code	Not Required
Transport Distance	Not Required
Condition Code	Not Required
Patient Weight	Not Required
Round Trip Purpose	Not Required
Units	Not Required

SRV 1

From DOS	The date you are treating the client for this billing
To DOS	The date you stopped treating the client for this billing
Place of Service	Choose an appropriate value from the drop down list
Procedure	Is the service you are billing for (i.e. HCPC or local code)
Modifiers	If applicable
Billed Amount	The dollar amount you are charging for the service
Diag. Ptr.	This is related Diagnosis associated with this procedure. Example if you have three diagnoses for this client and the procedure you are billing for relates to the second condition the Ptr. Will be 2. Refer to header 2
Units	The number of times you preformed the procedure
Basic Unit of Measure	Auto populated to UN = Units
EPSDT Ind.	Auto populated to N = No
CLIA Number	Auto populated to N = No
Emergency Ind.	Auto populated to N = No
Family Planning Ind.	Auto populated to N = No

SRV 2

Ambulance Transport Code	Not Required. Unless you are an Ambulance Provider. Then choose the appropriate value from the drop down list
Transport Reason Code	Not Required. Unless you are an Ambulance Provider. Then choose the appropriate value from the drop down list
Transport Distance	Not Required. Unless you are an Ambulance Provider. Then choose the appropriate value from the drop down list
Condition Code	Not Required. Unless you are an Ambulance Provider. Then choose the appropriate value from the drop down list
Patient Weight	Not Required. Unless you are an Ambulance Provider. Then choose the appropriate value from the drop down list
Rendering Provider ** Provider ID	Not Required unless you are a group. In which case this is the doctor within your group that did the services. The information will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
Taxonomy Code	Not Required
Last/Org Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
MI	Not Required